

Department of Legislative Services
Maryland General Assembly
2005 Session

FISCAL AND POLICY NOTE
Revised

House Bill 1323

(Delegate Conway, *et al.*)

Health and Government Operations

Education, Health, and Environmental Affairs

Task Force to Study Lyme Disease

This bill establishes a task force to study the prevalence of Lyme Disease and associated tick-borne illnesses, including identifying the areas of the State where reports of Lyme Disease are most prevalent. The task force is required to report to the General Assembly by July 1, 2006, its findings and recommendations on issues regarding the prevention, diagnosis, and treatment of Lyme Disease. The Secretary of Health and Mental Hygiene must appoint the members of the task force and designate the chair. The Department of Health and Mental Hygiene (DHMH) is required to staff the task force.

The bill takes effect October 1, 2005 and terminates September 30, 2006.

Fiscal Summary

State Effect: Any expense reimbursements for task force members and staffing costs for DHMH are assumed to be minimal and absorbable within existing resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Background: Lyme Disease is an infection that spreads throughout the whole body. The disease begins when a type of bacteria called *Borrelia burgdorferi* enters the skin when a person is bitten by an infected tick. The bacteria can spread through skin and blood to reach parts of the body far from the tick bite.

According to the Centers for Disease Control and Prevention, antibiotic treatment for three to four weeks with doxycycline or amoxicillin is generally effective in early disease. Some patients with Lyme Disease develop chronic symptoms that do not disappear. These symptoms can include arthritis, nerve pains, and concentration and memory problems. Later-stage Lyme Disease, particularly with objective neurological manifestations, may require treatment with intravenous ceftriaxone or penicillin for four weeks or more, depending on the disease severity. In later-stage disease, treatment failures may occur and retreatment may be necessary.

Incidences of Lyme Disease occur mainly in the northeastern states. Maryland has the seventh highest infection rate in the nation, with 17.4 cases per 100,000 residents.

State Fiscal Effect: DHMH advises that there is already a mechanism in place for the reporting of Lyme Disease cases statewide. Nevertheless, DHMH advises that it would need to hire one epidemiologist to staff the task force, manage the data, assist with data collection, and conduct a prevalence assessment of Lyme Disease and tick-borne illnesses. Additionally, DHMH advises that five additional epidemiologists would be needed to travel the State and conduct active tick-borne illness surveillance, case finding, and follow up. The Department of Legislative Services advises, however, that since there would be three and possibly four physicians on the task force itself, including the State epidemiologist, no additional epidemiologists to staff the task force would be necessary.

Any additional clerical needs resulting from staffing the task force could be handled with existing resources.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Department of Legislative Services

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